



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS

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DEPARTMENT OF CORRECTIONS
STATE OF NEW HAMPSHIRE
P. O. BOX 1806
CONCORD, NH 03302-1806

INTRA-DEPARTMENT MEMORANDUM
Office of the Commissioner

FROM: Helen E. Hanks, Commissioner
TO: All NHDOC Staff and Residents

DATE: May 5, 2021
OFFICE: Commissioner's Office
PHONE: 271-5601

SUBJECT: In-Person Visits Framework

Effective May 10th, Residents may request to schedule an in-person visit under the parameters outlined in the attachments to this memo.
Highlights to focus on in the following documents:

- New CDC standards published April 27th 2021 informed these provisions.
- A different process is outlined for vaccinated residents versus unvaccinated residents.
- If less than 70% of the residents in a facility are **not** vaccinated, unvaccinated residents will not be provided the privilege of in-person visits. This protocol will remain in effect until either the CDC standards change or 70% of residents in the facility are vaccinated.
- Facilities will publish procedures by May 24th 2021 for managing access to in-person visits as outlined in the attached guidance document. The parameters will be determined by the physical space, tables and other impacts associated with individual locations.
- In-person visits will be available within the parameters determined for each facility and dependent on the exceptions outlined in the attached by the week of June 7th 2021.



Guidelines: Resumption of In-Person Visits Framework - Vaccinated vs. Unvaccinated

Site: All Applicable

Date Issued: May 5, 2021

Issued By: Commissioner Helen E. Hanks

The purpose of this framework is to provide NHDOC facility guidelines for the resumption of in-person visitation for residents and their friends and families during the COVID-19 pandemic. The department recognizes that visits are important for the resident’s emotional well-being. Relaxing current restrictions on indoor visitation might increase the risk for transmission of SARS-CoV-2 in correctional facilities, however, vaccination of residents and staff can mitigate some of these risks, and expanding visitation has substantial benefits to residents. Guidance in this document is framed, in part, from [CDC Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#) (published April 27th 2021) and [NH DHHS Reopening Guidance for Long Term Care Facilities](#).

In-Person Visitation

In-person visitation may be permitted for all incarcerated residents, except when:

- Residents currently on isolation or quarantine status.
- Residents in facilities currently in outbreak status.
- Unvaccinated residents when the COVID-19 NH positivity rate is >10% and <70% of residents in the facility are fully vaccinated.

Visitation Protocol

Vaccinated Resident visits will not be scheduled to occur at the same time as unvaccinated resident visits due to requirements for physical distancing with unvaccinated residents and their visitors.

Vaccinated Resident Protocol

I. Before and During Visitation

Visitation Process Requirements:

- All visitors will be screened for COVID-19 symptoms and risk factors for exposure prior to visitation using the visitor screening tool (Attachment A). This tool will include contact information, and will serve as a visitor log with contact information for all visitors to enable accurate public health contact tracing should there be a need.
- Children under the age of two (2), the mask is not required.
- The resident’s vaccination status will be confirmed prior to the scheduling of the visit.
- All residents participating in visits will be screened by the resident visit screening tool (Attachment B).
- If residents or visitors screen positive for any questions about risk factors or signs/symptoms of COVID-19, the visit will be denied.



Guidelines: Resumption of In-Person Visits Framework - Vaccinated vs. Unvaccinated

Site: All Applicable

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- All individuals must wear a surgical facemask that covers their nose and mouth at all times.
- All residents will be provided with a clean surgical mask prior to entering the visit area, and will discard the mask appropriately before returning to the housing unit.
- An adequate supply of surgical masks shall be on hand to provide residents, staff, and visitors with a surgical facemask during the visit.
- All individuals must perform hand hygiene upon entry- either by washing hands thoroughly or using provided hand sanitizer.
- You will be allowed to hug for a short duration of 3 seconds at the beginning and end of the visit per Cor 305.02 (w) (1).
- Visits will not be required to have physical distancing and may visit at the same table without a protective shield. For this purpose, groups who arrive together are allowed to remain closer than 6 ft. from each other.
- If a visitor or resident fails to comply with masking or other visitation rules, the visit will be denied or terminated.
- Visits shall be scheduled in advance and limited in length in order to provide appropriate adequate access to all eligible residents for visits.
- Visit room capacity shall be limited in order to maintain 6 feet of separation between (groups of visitors), residents, and staff.
- Adequate staff shall be present to allow for screening, safe transit of residents to the designated visitation location, supervision, and to perform cleaning and disinfection of all touched surface before and after each visitation.

After the Visit

Instruct visitors to monitor for symptoms of COVID-19 after their visit. Any individual who enters the facility and develops signs and symptoms of COVID-19 (as outlined above) within 2 days after visiting must immediately notify the facility. The visitor should inform the facility of the date of their visit, the individuals (both residents and staff) they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the individuals who had contact with the visitor for the level of exposure and follow up HR/Medical Staff.



Guidelines: Resumption of In-Person Visits Framework - Vaccinated vs. Unvaccinated

Site: All Applicable

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Unvaccinated Resident Protocol

II. Before and During Visitation

Visitation Process Requirements:

- All visitors will be screened for COVID-19 symptoms and risk factors for exposure prior to visitation using the visitor screening tool (Attachment A). This tool will include contact information, and will serve as a visitor log with contact information for all visitors to enable accurate public health contact tracing should there be a need. Children under the age of two (2) are not required to mask but are required to maintain 6ft physical distancing.
- All residents participating in visits will be screened by the resident visit screening tool (Attachment B).
- If residents or visitors screen positive for any questions about risk factors or signs/symptoms of COVID-19, the visit will be denied.
- All individuals must wear a surgical facemask that covers their nose and mouth at all times.
- All residents will be provided with a clean surgical mask prior to entering the visit area, and will discard the mask appropriately before returning to the housing unit.
- An adequate supply of surgical masks shall be on hand to provide residents, staff, and visitors with a surgical facemask during the visit.
- All individuals must perform hand hygiene upon entry- either by washing hands thoroughly or using provided hand sanitizer.
- There will be no physical contact allowed.
- Visits will be conducted using appropriate social distancing at all times. (6ft. of distance between the resident and [the group of visitors]). For this purpose, groups who arrive together are allowed to remain closer than 6 ft. from each other.
- If a visitor or resident fails to comply with masking or social distancing, the visit will be denied or terminated.
- Visits shall be scheduled in advance and limited in length in order to provide appropriate physical distancing between groups.
- Visit room capacity shall be limited in order to maintain 6 feet of separation between (groups of visitors), residents, and staff. This may result in the number of allowable visitors per visit.
- Adequate staff shall be present to allow for screening, safe transit of residents to the designated visitation location, supervision, and to perform cleaning and disinfection of all touched surface before and after each visitation.



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After the Visit

Instruct visitors to monitor for symptoms of COVID-19 after their visit. Any individual who enters the facility and develops signs and symptoms of COVID-19 (as outlined above) within 2 days after visiting must immediately notify the facility. The visitor should inform the facility of the date of their visit, the individuals (both residents and staff) they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the individuals who had contact with the visitor for the level of exposure and follow up HR/Medical Staff

Frequently Asked Questions on Visitation

Can visitors from out of state attend?

Yes.

Is a COVID-19 test required to visit?

No.

Is a vaccine required for visitors?

No. Visitors should not be turned away if they have not received the COVID-19 vaccine. Even if visitors are vaccinated, they must maintain the same safety precautions as everyone else when inside the facility.



NH DEPARTMENT OF CORRECTIONS – COVID-19 ENTRY SCREENING REQUIRED FOR ALL VISITORS ENTERING THE FACILITY

Attachment A

To: All VISITORS
 From: Helen E. Hanks, Commissioner
 Effective Date: May 5, 2021
 Re: Access to NHDOC Visit Rooms for all Visitors

1. Do you have a Fever? :

YES NO

If the person answers “yes” to question 1, entry will be denied.

Temperature: _____

Person taking temperature

Signature

Date

If the temperature is 100.0°F or greater, entry will be denied.

2. Have any of the following, within the past 14 days, that are of an unknown origin (examples of known origin might include: allergies, heavy work out):

	YES	NO		YES	NO		YES	NO
Chills			Cough			Shortness of breath or difficulty breathing		
Fatigue			Muscle or body aches			Headache		
New loss of taste or smell			Sore throat			Congestion or runny nose		
Nausea or vomiting			Diarrhea			Per CDC Update Feb. 22, 2021		

If the person answers “yes” to any symptom in question 2, entry will be denied.

3. In the past 2 weeks:

- a. Have you been asked to self-quarantine by Public Health or a healthcare provider? YES NO
- b. Have you traveled in the prior 10 days internationally (outside of the U.S., except for essential travel to/from Canada*) or on a cruise ship? YES NO

*Essential travel to/from Canada includes for work, school, personal safety, medical care, care of others, or parental shared custody. Essential travel also includes travel for students and their parents or guardians who are visiting institutions of higher learning or preparatory high schools as potential future students, including allowing the students to remain at the schools for overnight stays.

If the person answers “yes” to a or b in question 3, entry will be denied.

4. In the last 14 days, have you had close contact* with any person that has tested positive for COVID-19 or is presumed to be positive? YES NO

*Close contact” is defined as

- being within six feet of someone who has COVID-19 for a total of 15 minutes or more;
- providing care at home to someone who is sick with COVID-19;
- having direct physical contact with someone who is sick with COVID-19 such as hugging or kissing;
- sharing eating or drinking utensils such as cups, plates, or forks; or
- getting respiratory droplets on you by someone sneezing or coughing

If the person answers “yes” to question 4, entry will be denied.

5. While the NHDOC is taking reasonable steps to follow local, state, and federal guidance intended to promote public health and limit the spread of infection from COVID-19, the NHDOC cannot possibly eliminate all risk of exposure associated with participation in an in-person visit. Participation in an in-person visit may include possible exposure to COVID-19. By signing below, I acknowledge that I knowingly and freely assume such risks and I assume full responsibility for my participation. I willingly agree to comply with all of the NHDOC's rules, requirements and guidance regarding COVID-19 and visitation. I attest that the information I provided in this screening tool is true, to the best of my knowledge.

Name

Telephone #

Signature

Date



NH DEPARTMENT OF CORRECTIONS – COVID-19 SCREENING REQUIRED FOR RESIDENT VISITS
Attachment B

To: All Residents attending an in-person visit.
From: Helen E. Hanks, Commissioner
Effective Date: May 5, 2021

1. Do you have a Fever? : YES NO

Temperature: _____

Person taking temperature _____

Signature _____

Date _____

If the temperature is 100.0°F or greater, do not continue this form. Please notify HSC staff. The visit will be denied.

2. Have any of the following, within the past 14 days, that are of an unknown origin (examples of known origin might include: allergies, heavy work out):

	YES	NO		YES	NO		YES	NO
Chills			Cough			Shortness of breath or difficulty breathing		
Fatigue			Muscle or body aches			Headache		
New loss of taste or smell			Sore throat			Congestion or runny nose		
Nausea or vomiting			Diarrhea			Per CDC Update Feb. 22, 2021		

If the resident answers “yes” to any symptom in question 2, do not continue this form, the visit will be denied. Please notify HSC staff.

3. In the past 2 weeks:

a. Have you had close contact with any person known or suspected to be sick from COVID-19? YES NO

*Close contact” is defined as

- being within six feet of someone who has COVID-19 for a total of 15 minutes of more;
- providing care to someone who is sick with COVID-19;
- having direct physical contact with someone who is sick with COVID-19 such as hugging or kissing;
- sharing eating or drinking utensils such as cups, plates, or forks; or
- getting respiratory droplets on you by someone sneezing or coughing

If the resident answers “yes” to question 3, do not continue this form. Please notify HSC staff. The visit will be denied.

4. While the NHDOC is taking reasonable steps to follow local, state, and federal guidance intended to promote public health and limit the spread of infection from COVID-19, the NHDOC cannot possibly eliminate all risk of exposure associated with participation in an in-person visit. Participation in an in-person visit is voluntary, a privilege and may include possible exposure to COVID-19. By signing below, I acknowledge that I knowingly and freely assume such risks and I assume full responsibility for my participation and potential for exposure. I attest that the information I provided in this screening tool is true, to the best of my knowledge.

Resident _____

ID NUMBER _____

Signature _____

Date _____